

06/25/03
16562 U.S. PTO

Atty. Dkt. No. 037811-0102

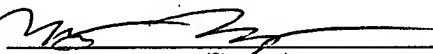
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard M. Fleming

Title: METHOD FOR DETECTING
ABNORMAL TISSUE USING
ENHANCED
RADIOPHARMACEUTICAL
UPTAKE

Appl. No.: To Be Assigned

Filing Date: 25 June 2003

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
ER 133978415 US (Express Mail Label Number)	25 June 2003 (Date of Deposit)
Matthew E. Martin (Printed Name)	
 (Signature)	

16591 U.S. PTO
10/603841
06/25/03

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Richard M. Fleming, M.D.
9290 West Dodge Road
Suite 204
Omaha, Nebraska 68114

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (27 pages).

- ☒ Informal drawings (5 sheets, Figures 1-5).
- ☒ Declaration and Power of Attorney (3 pages).
- ☐ Assignment of the invention to Block Medical Center.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO/SB/08 with copies of ____ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☐ Claim for Convention Priority.

The filing fee is calculated below:


	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	66	- 20	= 46	x \$18.00	= \$828.00
Independents:	5	- 3	= 2	x \$84.00	= \$168.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
				SUBTOTAL:	= \$1746.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):				= \$0.00
				TOTAL FILING FEE:	= \$1,746.00

- ☒ A check in the amount of \$1,746.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date _____

By  _____

FOLEY & LARDNER

Customer Number: 27433



27433

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